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**From:**       **Name:**           Jeffrey Kushan  
  
                 **Voice:**           202-736-8914

**To:**           **Name:**           Commissioner of Patents & Trademarks  
                 **Company:**       U.S. Patent and Trademark Office  
                 **Facsimile#:**     703-872-9306  
                 **Voice Phone:**  
                 **Subject:**       Serial No. 09/436,347; Our Ref: 27693-1201

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**Date:** 10/19/2004                      **Time:** 16:37:11 **No. Pages (Including Cover):** 26

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**Message:**

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Attorney Docket No. 27693-1201

ART UNIT  
EXAMINER  
INVENTOR(S)  
SERIAL NUMBER  
FILED  
FOR

1642  
Alana M. Harris  
Christine A. WHITE et al.  
09/436,347  
November 9, 1999

OCT 19 2004

TREATMENT OF HEMATOLOGICAL MALIGNANCIES ASSOCIATED WITH CIRCULATING  
TUMOR CELLS USING CHIMERIC ANTI-CD20 ANTIBODY

### RESPONSE TRANSMITTAL AND EXTENSION OF TIME REQUEST

Honorable Commissioner of Patents  
and Trademarks  
U.S. Patent and Trademark Office  
Arlington, VA 22202

Sir:

FEE CALCULATION FOR ENCLOSED RESPONSE and EXTENSION REQUEST (if any)					
	Claims Remaining	Highest No. Previously Paid	Number Extra	Rate	Additional Fee
Total Claims	18	27	0	\$18.00	0
Independent Claims	4	4	0	\$84.00	0
Surcharge For Multiple Dependent Claim First Added .....				+\$280.00	
<input checked="" type="checkbox"/> Applicant requests a THREE- month extension of time for response to the outstanding Office Action. The large entity fee is ..... 980.00					
TOTAL .....					980.00
<input type="checkbox"/> SMALL ENTITY STATUS (if applicable, divide TOTAL by 2) ..... <input type="checkbox"/> Verified Statement enclosed, if not previously filed.					
<input type="checkbox"/> Reduction for Extension Fee of ..... months already paid.....					
<input checked="" type="checkbox"/> OTHER: Supplemental Information Disclosure Statement Fee					180.00
TOTAL .....					\$1,160.00

- ☐ A check is enclosed to cover the fees as calculated above.
- ☒ The fees calculated above are to be charged to Deposit Account No. 18-1260

If for some reason applicant has not requested a sufficient extension of time and/or has not paid a sufficient fee for this response and/or the extension of time necessary to prevent the abandonment of this application, please consider this as a Request for an Extension for the required time period and/or an authorization to charge our Deposit Account No. 18-1260 for any fee which may be due. A duplicate copy of this sheet is enclosed.

SIDLEY AUSTIN BROWN &amp; WOOD LLP

October 19, 2004  
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By: Jeffrey P. Kushan

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DCI 731745v1